

AUG 17 2005

68/19105

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	09/904,011
		Filing Date	July 11, 2001
		First Named Inventor	Avi Ashkenazi
		Group/Art Unit	1647
		Examiner Name	Christine J. Saoud
Total Number of Pages in This Submission	138	Attorney Docket Number	39780-1618 P2C8

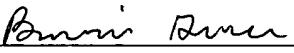
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Copy of an Assignment	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Version With Markings Showing Changes	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, by Assignee to Exclusion of Inventor Under 37 C.F.R. §3.71 With Revocation of Prior Powers	<input checked="" type="checkbox"/> ADDITIONAL ENCLOSURE(S) (PLEASE IDENTIFY BELOW):
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Evidence Appendix Items 1-7 and A-E; and return postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Copy of Notice		

Remarks

AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. 39780-1618 P2C8.

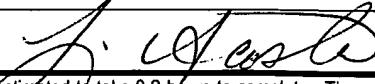
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	HELLER EHRLMAN LLP 275 Middlefield Road, Menlo Park, California 94025		
	Telephone: (650) 324-7000	Facsimile: (650) 324-0638	
Signature			
Date	AUGUST 17, 2005	Customer Number:	35489

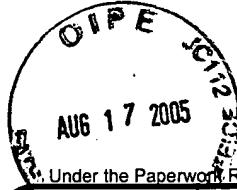
CERTIFICATE OF EXPRESS MAILING

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Typed or printed name	L. ACOSTA		
Signature		Date	AUGUST 17, 2005

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FEES TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **2,090.00**

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number	08-1641(39780-1618P2C8)
Deposit Account Name	HELLER EHRLMAN, LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1001 300	2001 150	Utility filing fee	
1002 200	2002 100	Design filing fee	
1003 200	2003 100	Plant filing fee	
1004 300	2004 150	Reissue filing fee	
1005 200	2005 100	Provisional filing fee	
SUBTOTAL (1)			(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/>	-20** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Independent Claims	<input type="text"/>	- 3** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent			<input type="text"/>	= <input type="text"/>

Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 360	2203 180	Multiple dependent claim, if not paid	
1204 200	2204 100	** Reissue independent claims over original patent	
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

****or number previously paid, if greater; For Reissues, see above**

SUBMITTED BY		(Complete (if applicable))		
Name (Print/Type)	Barrie D. Greene	Registration No. (Attorney/Agent)	46,740	Telephone (650) 324-7000
Signature			Date	August 17, 2005

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.